Case 25-40224-can13 Doc 1 Filed 02/21/25 Entered 02/21/25 10:14:26 Desc Main Document Page 1 of 62

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF MISSOURI | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | ☐ Check amend |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | | |
|-----|--|--|---|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for | Adam First name | _ | First name |
| | example, your driver's license or passport). | Thomas Middle name | | Middle name |
| | Bring your picture | Umstead | | Wildle Hame |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names and any assumed, trade names and doing business as names. | | | |
| | Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1055 | | |

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Debtor 1 Adam Thomas Umstead Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|--|--|
| 4. | Your Employer Identification Number (EIN), if any. | | |
| | (Livy, ii diiy. | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 16424 E. 29th Ct. S. | |
| | | Independence, MO 64055 | Newhor Otre to Otto Otto 0 71D Octo |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Jackson | |
| | | County | County |
| | | If your mailing address is different from the one | If Debtor 2's mailing address is different from yours, fill it |
| | | above, fill it in here. Note that the court will send any notices to you at this mailing address. | in here. Note that the court will send any notices to this mailing address. |
| | | 1008 NE Deerbrook Terr Lees Summit, MO 64086 | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Case number (if known)

Adam Thomas Umstead

Debtor 1

Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? □ Yes. District When Case number When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Case number (if known)

| | t 3: Report About Any Bu | sinesses | You Own | as a Sole Proprieto | or | |
|-----|---|------------------------|--|--------------------------------------|---|---------|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of busi | ness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, State | e & ZIP Code | |
| | it to this petition. | | Checi | k the appropriate box | to describe your business: | |
| | | | | Health Care Busine | ess (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as de | fined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business | deadlines operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate its. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of its, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. § 1116(1)(B). | | | |
| | debtor? For a definition of small business debtor, see 11 | ■ No. | I am r | ot filing under Chapt | rer 11. | |
| | U.S.C. § 101(51D). | □ No. | I am f Code. | • | 1, but I am NOT a small business debtor according to the definition in the Bankr | uptcy |
| | | ☐ Yes. | | | 1, I am a small business debtor according to the definition in the Bankruptcy Cod under Subchapter V of Chapter 11. | de, and |
| | | ☐ Yes. | | | 1, I am a small business debtor according to the definition in the Bankruptcy CocSubchapter V of Chapter 11. | de, and |
| Par | t 4: Report if You Own or | Have Any | Hazardo | ous Property or Any | Property That Needs Immediate Attention | |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is | the hazard? | | |
| | identifiable hazard to public health or safety? | | | | | |
| | Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs | | Where is | s the property? | | |
| | urgent repairs? | | | | Number, Street, City, State & Zip Code | |

Debtor 1 Adam Thomas Umstead

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Debtor 1 Adam Thomas Umstead

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Adam Thomas Un | nstead | | | Case number | (if known) | |
|------|--|-----------------|---|----------------------------------|------------------------|---|--|
| Part | 6: Answer These Quest | ions for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily busine money for a business or investmen | | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you owe th | at are not consum | ner debts or business | s debts | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. Go | o to line 18. | | | |
| | Do you estimate that after any exempt | ☐ Yes. | I am filing under Chapter 7. Do yo are paid that funds will be availabl | | | erty is excluded and administrative expenses | |
| | property is excluded and administrative expenses | | □ No | | | | |
| | are paid that funds will be available for | | □Yes | | | | |
| | distribution to unsecured creditors? | | | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | □ 25,001-50,000 | |
| | you estimate that you owe? | ☐ 50-99 | | 5001-10,000 | | 5 0,001-100,000 | |
| | | 100-1 | | 1 0,001-25,00 | 00 | ☐ More than100,000 | |
| | | 200-9 | 99 | | | | |
| 19. | How much do you | \$0 - \$ | 50,000 | □ \$1,000,001 - | \$10 million | ☐ \$500,000,001 - \$1 billion | |
| | estimate your assets to be worth? | | 01 - \$100,000 | \$10,000,001 | | \$1,000,000,001 - \$10 billion | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 □ \$100,000,00 | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | |
| | | ப \$500, | 001 - \$1 IIIIII0II | | | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$ | | \$1,000,001 - | | □ \$500,000,001 - \$1 billion | |
| | to be? | | 001 - \$100,000 | □ \$10,000,001 □ \$50,000,001 | | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,00 | | ☐ More than \$50 billion | |
| | | | • | | | | |
| Part | 7: Sign Below | | | | | | |
| For | you | I have ex | kamined this petition, and I declare ι | under penalty of p | erjury that the inform | nation provided is true and correct. | |
| | | | chosen to file under Chapter 7, I am tates Code. I understand the relief a | | | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7. | |
| | | | rney represents me and I did not pa nt, I have obtained and read the noti | | | an attorney to help me fill out this | |
| | | I request | relief in accordance with the chapte | er of title 11, Unite | d States Code, spec | ified in this petition. | |
| | | | cy case can result in fines up to \$25 | | | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, | |
| | | | m Thomas Umstead | | Cignoture of Date | 2 | |
| | | | Thomas Umstead e of Debtor 1 | | Signature of Debtor | ۷ | |
| | | Executed | | | Executed on | | |
| | | | MM / DD / YYYY | | MM . | / DD / YYYY | |
| | | | | | | | |

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Debtor 1 Adam Thomas Umstead Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph C. Jeppson, VI | Date | February 20, 2025 |
|--|---------------|---------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Joseph C. Jeppson, VI | | |
| Printed name | | |
| Jeppson Law Office, LLC | | |
| Firm name | | |
| 5716 N Broadway St | | |
| Gladstone, MO 64118 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (816) 472-1655 | Email address | info@jeppsonlawoffice.com |
| 59127 MO | | |
| Bar number & State | | |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Missouri

| In | re _ Adam Thomas Umstead | Case No. | |
|----|--|---|--|
| | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPENSATION OF ATTOR | RNEY FOR DE | BTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorn compensation paid to me within one year before the filing of the petition in bankruptcy, be rendered on behalf of the debtor(s) in contemplation of or in connection with the bank | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | \$ | 5,100.00 |
| | Prior to the filing of this statement I have received | \$ | 3,092.00 |
| | Balance Due | | 2,008.00 |
| 2. | \$313.00 of the filing fee has been paid. | | |
| 3. | The source of the compensation paid to me was: | | |
| | ■ Debtor □ Other (specify): | | |
| 4. | The source of compensation to be paid to me is: | | |
| | ■ Debtor □ Other (specify): | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person | unless they are memb | pers and associates of my law firm |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons w copy of the agreement, together with a list of the names of the people sharing in the | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects | s of the bankruptcy ca | ase, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in dete b. Preparation and filing of any petition, schedules, statement of affairs and plan which c. Representation of the debtor at the meeting of creditors and confirmation hearing, and d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exmotions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on I | may be required; d any adjourned hear cemption planning | rings thereof; g; preparation and filing of |
| | - Fees earned in excess of 150% of the flat fee stated above will be - \$3,474 received prior to filing applied to \$313 filing fee, \$69 to 3rd and credit reports, and \$3,092 of debtor attorney fees | paid by the hour. | |

- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 - Funds received to pay court filing fee, credit counseling, and other 3rd party services on behalf of the debtor, services unrelated to this bankruptcy case, adversary proceedings, appeals, conversions, and post-confirmation services. Unless and until the Court grants a motion to withdraw as counsel, the undersigned attorney will represent the debtor in any other matters related to this case but may petition the Court for approval of additional fees to the extent that the additional services were not contemplated as part of the initial fee or result from the Debtor's failure to comply with the rights and responsibilities agreement.

| In re | Adam Thomas Umstead | Case No. | |
|-------|---------------------|----------|--|
| | Debtor(s) | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| | CERTIFICATION |
|---|---|
| I certify that the foregoing is a complete stathis bankruptcy proceeding. | tement of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| February 20, 2025 | /s/ Joseph C. Jeppson, VI |
| Date | Joseph C. Jeppson, VI |
| | Signature of Attorney |
| | Jeppson Law Office, LLC |
| | 5716 N Broadway St |
| | Gladstone, MO 64118 |
| | (816) 472-1655 Fax: (816) 472-1661 |
| | info@jeppsonlawoffice.com |
| | Name of law firm |

Affirm, Inc. Attn: Bankruptcy 650 California St, Fl 12 San Francisco CA 94108

Bank Of Benton/CFSB 221 West 5th Street Attn: Collections Dept Benton KY 42025

Bank Of Benton/CFSB PO Box 467 Attn: Collections Dept Benton KY 42025

Brionna Cline 1306 Pawnee St Leavenworth KS 66048

Central Bank 609 N 291 Highway Lees Summit MO 64086

Central Trust Bank Po Box 779 Jefferson City MO 65102

Centralized Court Payment Center PO Box 750200 Topeka KS 66675-0200

Chase Auto Finance Attn: Bankruptcy 700 Kansas Lane La Monroe LA 71203

Christine Deis 1461 NW Foxboro Rd. Blue Springs MO 64015

Clifford & Rhonda O'Geay 1008 NE Deerbrood Terr Lees Summit MO 64086 Equifax Information Services, LLC PO Box 740256 Atlanta GA 30374

Experian 955 American Land Schaumburg IL 60173

Freedom Road Financial Attn: Bankruptcy 10509 Professional Circle, Suite 100 Reno NV 89521

Internal Revenue Service PO Box 7346 Philadelphia PA 19101-7346

Jackson County Collections Department 415 E 12th St, Room 100 Kansas City MO 64106-2755

Leavenworth Co District Court 601 S 3rd St, #3051 Leavenworth KS 66048

Missouri Department of Revenue Ind Income Tax Correspondence PO Box 385 Jefferson City MO 65105-0385

Missouri Department of Revenue PO Box 475 Jefferson City MO 65105

Todd Pennington 22721 E. 28th Street Ct. Blue Springs MO 64015

TransUnion Consumer Solutions PO Box 2000 Chester PA 19022-2000

U.S. Attorney - WDMO 400 E. 9th St Kansas City MO 64106 U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington DC 20530-0001

U.S. Trustee - WDMO 400 E 9th St, Rm 3440 Kansas City MO 64106

Wells Fargo Home Mortgage Attn: Bankruptcy Dept Po Box 10335 Des Moines IA 50306

United States Bankruptcy Court Western District of Missouri

| Adam Thomas Umstead | | Case No. | | | | | |
|---------------------------------|--|--|---|--|--|--|--|
| | Debtor(s) | Chapter 13 | | | | | |
| VERIFICATION OF MAILING MATRIX | | | | | | | |
| The above-named Debt | or(s) hereby verifies that the a | ttached list of creditors is | | | | | |
| true and correct to the best of | my knowledge and includes the | e name and address of my | | | | | |
| ex-spouse (if any). | | | | | | | |
| | | | | | | | |
| February 20, 2025 | /s/ Adam Thomas Umstead | | | | | | |
| | The above-named Debt true and correct to the best of ex-spouse (if any). | VERIFICATION OF MAILING M The above-named Debtor(s) hereby verifies that the a true and correct to the best of my knowledge and includes the ex-spouse (if any). | VERIFICATION OF MAILING MATRIX The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any). February 20, 2025 /s/ Adam Thomas Umstead | | | | |

Signature of Debtor

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 | Adam Thomas Ur | nstead | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF MISSOURI | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets | | |
|-----|--|------------|---------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 3,354.92 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 3,354.92 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 12,081.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 137,191.00 |
| | Your total liabilities | \$ | 149,272.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,407.42 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,405.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other so | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Adam Thomas Umstead

Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 7,255.19

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | im |
|--|-----------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 12,081.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 12,081.00 |

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| | | Document | rage 10 01 02 | | |
|--|---|--|--|---|-----------------------|
| Fill in this info | rmation to identify your | case and this filing: | | | |
| Debtor 1 | Adam Thomas Ur | nstead | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| | Contractor Court for the | WESTERN DISTRICT OF MIS | COLIDI | | |
| United States E | Bankruptcy Court for the: | WESTERN DISTRICT OF MIS | SOURI | | |
| Case number | | | <u>—</u> | 1 | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official F | orm 106A/B | | | | |
| Schedu | le A/B: Prop | ertv | | | 12/15 |
| | | e items. List an asset only once. I | f an asset fits in more than o | no catogory list the asset in t | |
| think it fits best. information. If mo Answer every qu | Be as complete and accuratore space is needed, attach estion. | te as possible. If two married peop a separate sheet to this form. On | ple are filing together, both ar the top of any additional page | re equally responsible for sup | plying correct |
| Part 1: Describ | e Each Residence, Building | , Land, or Other Real Estate You (| Jwn or have an interest in | | |
| 1. Do you own o | r have any legal or equitable | interest in any residence, buildin | g, land, or similar property? | | |
| ■ No. Go to P | art 2. | | | | |
| ☐ Yes. Where | e is the property? | | | | |
| | | | | | |
| | | | | | |
| Part 2: Describ | e Your Vehicles | | | | |
| | • | e, also report it on Schedule G: ility vehicles, motorcycles | Executory Contracts and Or | пехрией Leases. | |
| 3.1 Make: | Subaru | Who has an interest in | the property? Check one | Do not deduct secured clai | |
| Model: | WRX Limited | Debtor 1 only | , | the amount of any secured Creditors Who Have Claim | |
| Year: | 2023 | Debtor 2 only | | Current value of the | Current value of the |
| Approxim | ate mileage: | ☐ Debtor 1 and Debtor 2 | 2 only | entire property? | portion you own? |
| Other info | | At least one of the de | btors and another | | |
| | 1VBAL63P9811664 | ☐ Check if this is com | | \$0.00 | \$0.00 |
| disclos vehicle | oy aim is set forth for ure purposes only. Th belongs to the debtor s. Therefore, it is not | (see instructions) | numity property | | |
| | y of the estate. | | | | |
| | - | | | | |
| Examples: Bo | | TVs and other recreational velonal watercraft, fishing vessels, s | | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| | | | | | |
| | | ou own for all of your entries Write that number here | | | \$0.00 |
| .payes you | nave auacheu ioi Fail Z. | TTTTE WAS HUNDER HEIE | | | |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

Part 3: Describe Your Personal and Household Items

| Deptor 1 | Adam Inomas Umstead Case number | (IT KNOWN) |
|-------------------------------------|---|---|
| Do you ov | n or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exampl</i> □ No | old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware Describe | |
| | Liquidation value of typical household goods including appliances, furnishings, wall hangings, nicknacks, and other personal items located at the debtor's residence. No single item is worth more than \$500. | \$300.00 |
| □ No | sics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners including cell phones, cameras, media players, games Describe | s; music collections; electronic devices |
| | Liquidation value of home electronics including a cell phone, tablet, mobile devices, movies, music, apps, and other content | \$600.00 |
| | bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sta other collections, memorabilia, collectibles | amp, coin, or baseball card collections; |
| ☐ Yes. | Describe | |
| Exampl No | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis musical instruments Describe | ; canoes and kayaks; carpentry tools; |
| 10. Firearr Examp ■ No | | |
| □ No | s oles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe | |
| | Liquidation value of wearing apparel, clothing, and shoes located at the Debtor's residence | \$60.00 |
| □ No ´ | y bles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches Describe | s, gems, gold, silver |
| | Misc. non-wedding jewelry | \$10.00 |
| | rm animals oles: Dogs, cats, birds, horses | |

☐ Yes. Describe.....

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Debtor 1 Adam Thomas Umstead Case number (if known)

14. Any other personal and household items you did not already list, including any health aids you did not list

| 14. | _ ' ' | usel | hold items you did | not already list, including any health aid | ds you did not list | |
|-----|---|--------|-------------------------|---|------------------------------------|---|
| | ■ No□ Yes. Give specific information | ation | | | | |
| | res. Give specific informa | ation. | •••• | | | |
| 15 | | | | Part 3, including any entries for pages yo | ou have attached | \$970.00 |
| Pa | rt 4: Describe Your Financial | ∆sset | s | | | |
| | you own or have any legal | | | n any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Examples: Money you have □ No ■ Yes | | | ome, in a safe deposit box, and on hand wh | nen you file your petitior | ì |
| | | | | | Small bills and loose change | \$25.00 |
| 17. | | | | ounts; certificates of deposit; shares in creds with the same institution, list each. Institution name: | dit unions, brokerage ho | ouses, and other similar |
| | 1 | 7.1. | Checking | Central Bank xx0247 | | \$2,350.51 |
| | 1 | 7.2. | Savings | Community America Credit U | nion xx8115 | \$1.00 |
| | 1 | 7.3. | Checking | Community America Credit U | nion xx8123 | \$8.41 |
| 18. | Bonds, mutual funds, or p Examples: Bond funds, inve ■ No | estme | ent accounts with br | okerage firms, money market accounts | | |
| | ☐ Yes | | Institution or issuer | name: | | |
| 19. | Non-publicly traded stock joint venture ■ No | and | interests in incorp | orated and unincorporated businesses, | including an interest | in an LLC, partnership, and |
| | Yes. Give specific information | | about themne of entity: | | % of ownership: | |
| 20. | Negotiable instruments included Non-negotiable instruments | ude p | personal checks, ca | otiable and non-negotiable instruments shiers' checks, promissory notes, and mon ansfer to someone by signing or delivering | , | |
| | ■ No □ Yes. Give specific informa | | about them uer name: | | | |
| 21. | Retirement or pension acc Examples: Interests in IRA, No | | | 403(b), thrift savings accounts, or other per | sion or profit-sharing pl | ans |
| | ☐ Yes. List each account se | | ely. of account: | Institution name: | | |

Official Form 106A/B Schedule A/B: Property page 3

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| De | ebtor 1 Adam Thon | nas Umstead | | Case numb | er (if known) | | |
|-----|--|--------------------------------|---|--|------------------------|--|--|
| 22. | | ed deposits you ha | | nue service or use from a company ric, gas, water), telecommunications companies, or others | | | |
| | Yes | | Institution nan | ne or individual: | | | |
| | | | Todd Penni | ngton [\$900] | | \$0.00 | |
| 23 | Annuities (A contract | for a periodic paym | nent of money to you, either for lif | e or for a number of years) | | | |
| _0. | ■ No | | | o or for a mamber of years, | | | |
| | Yes | ssuer name and de | escription. | | | | |
| 24. | . Interests in an educat 26 U.S.C. §§ 530(b)(1), ■ No | | ount in a qualified ABLE progr (b)(1). | am, or under a qualified state | e tuition program. | | |
| | | nstitution name an | d description. Separately file the | records of any interests.11 U.S | .C. § 521(c): | | |
| | . Trusts, equitable or fo | uture interests in | property (other than anything I | isted in line 1), and rights or | powers exercisable | for your benefit | |
| | ☐ Yes. Give specific in | nformation about th | em | | | | |
| 26. | | | secrets, and other intellectual ites, proceeds from royalties and | | | | |
| | ☐ Yes. Give specific in | nformation about th | em | | | | |
| 27. | Licenses, franchises, Examples: Building pe ■ No | | al intangibles enses, cooperative association h | oldings, liquor licenses, profes: | sional licenses | | |
| | ☐ Yes. Give specific in | nformation about th | em | | | | |
| M | oney or property owed | to you? | | | por Do | rrent value of the rtion you own? not deduct secured ms or exemptions. | |
| 28. | . Tax refunds owed to | you | | | | | |
| | | formation about the | em, including whether you alread | y filed the returns and the tax y | ears | | |
| | | | | | | | |
| | | | 2024 income tax refund, if | any | | Unknown | |
| | . Family support Examples: Past due o No Yes. Give specific inf | · | y, spousal support, child support, | maintenance, divorce settleme | ent, property settleme | nt | |
| 30. | | ges, disability insu | rance payments, disability benefit ade to someone else | s, sick pay, vacation pay, worl | kers' compensation, S | Social Security | |
| | Yes. Give specific in | nformation | | | | | |
| 31. | | | ance; health savings account (HS | A); credit, homeowner's, or rer | nter's insurance | | |
| | ■ No □ Yes. Name the insur | ance company of e Company n | each policy and list its value. ame: | Beneficiary: | Sı | urrender or refund | |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor 1 | Adam Thomas Umstead | Boodinent | Case | number (if known) | |
|--------------------|---|-----------------------------|---------------------------------|--------------------------|---------------------|
| | | | | | value: |
| If you some | nterest in property that is due you from a are the beneficiary of a living trust, expensione has died. Give specific information | | | ently entitled to receiv | re property because |
| Exan ■ No | as against third parties, whether or not apples: Accidents, employment disputes, in because each claim | | | payment | |
| | | | | | |
| 34. Other No | contingent and unliquidated claims of | every nature, including | counterclaims of the de | ebtor and rights to s | et off claims |
| ☐ Yes | . Describe each claim | | | | |
| 35. Any f | inancial assets you did not already list | | | | |
| ☐ Yes | . Give specific information | | | | |
| | the dollar value of all of your entries fr Part 4. Write that number here | | | | \$2,384.92 |
| Part 5: D | escribe Any Business-Related Property You | Own or Have an Interest Ir | n. List any real estate in Part | t 1. | |
| 37. Do yo u | own or have any legal or equitable interest | in any business-related pro | operty? | | |
| ■ No. G | Go to Part 6. | | | | |
| ☐ Yes. | Go to line 38. | | | | |
| | escribe Any Farm- and Commercial Fishing- you own or have an interest in farmland, list it in | | or Have an Interest In. | | |
| 46. Do yo | ou own or have any legal or equitable ir | nterest in any farm- or co | ommercial fishing-relate | d property? | |
| ■ No | o. Go to Part 7. | | | | |
| ☐ Ye | es. Go to line 47. | | | | |
| Part 7: | Describe All Property You Own or Have a | an Interest in That You Did | Not List Above | | |
| | ou have other property of any kind you apples: Season tickets, country club member | | | | |
| ■ No | | | | | |
| ☐ Yes | . Give specific information | | | | |

Official Form 106A/B Schedule A/B: Property page 5

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

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Debtor 1 **Adam Thomas Umstead** Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$970.00 58. Part 4: Total financial assets, line 36 \$2,384.92 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... Copy personal property total \$3,354.92 \$3,354.92 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$3,354.92

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this information to identify your case: | | | | | | | |
|---|----------------|--------------------|-------------|--|-----------------------|--|--|
| Debtor 1 | Adam Thomas Ui | mstead | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT C | OF MISSOURI | | | | |
| Case number (if known) | | | | | ☐ Check if this is an | | |
| (····································· | | | | | amended filing | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

Schedule A/B

\$300.00

\$600.00

\$60.00

\$10.00

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption.

Liquidation value of typical household goods including appliances, furnishings, wall hangings, nicknacks, and other personal items located at the debtor's residence. No single item is worth more than \$500. Line from Schedule A/B: 6.1

| 100% of fair market value, up |
|--------------------------------|
| any applicable statutory limit |

\$300.00

Liquidation value of home electronics including a cell phone, tablet, mobile devices, movies, music, apps, and other content Line from Schedule A/B: 7.1

\$600.00 100% of fair market value, up to any applicable statutory limit

Liquidation value of wearing apparel, clothing, and shoes located at the **Debtor's residence** Line from Schedule A/B: 11.1

\$60.00

100% of fair market value, up to

any applicable statutory limit

any applicable statutory limit

RSMo § 513.430.1(1)

RSMo § 513.430.1(1)

RSMo § 513.430.1(1)

Misc. non-wedding jewelry Line from Schedule A/B: 12.1

\$10.00

RSMo § 513.430.1(2) 100% of fair market value, up to

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| De | btor 1 | Adam Thomas Umstead | | | Case number (if known) | | |
|----|--------|--|--------------------------------------|---------|---|------------------------------------|--|
| | | | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | | II bills and loose change | \$25.00 | | \$25.00 | RSMo § 513.430.1(3) | |
| | 20 | To the concedence of the conce | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | cking: Central Bank xx0247 | \$2,350.51 | | \$1,250.00 | RSMo § 513.440 | |
| | LINE | ioni Schedule A.B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | cking: Central Bank xx0247 | \$2,350.51 | | \$565.59 | RSMo § 513.430.1(3) | |
| | Line | nom Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | ngs: Community America Credit | \$1.00 | | \$1.00 | RSMo § 513.430.1(3) | |
| | Line | from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | cking: Community America | \$8.41 | | \$8.41 | RSMo § 513.430.1(3) | |
| | | from Schedule A/B: 17.3 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | | you claiming a homestead exemption elect to adjustment on 4/01/25 and every 3 | | | led on or after the date of adjustmen | ıt.) | |
| | | No | | | | | |
| | | Yes. Did you acquire the property covere | ed by the exemption wi | ithin 1 | ,215 days before you filed this case? | ? | |
| | | □ No | | | | | |
| | | ☐ Yes | | | | | |

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| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------|-----------------------|
| Debtor 1 | Adam Thomas U | mstead | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | WESTERN DISTRICT O | OF MISSOURI | |
| Case number | | | | _ 0 |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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| | | | Document | Page | 25 of 6 | 52 | | |
|--------------|---|--|---|------------------------------------|---------------|-------------------------|-----------------------|--------------------|
| Fill i | n this inform | ation to identify your case | : | | | | | |
| Debt | tor 1 | Adam Thomas Umste | ad | | | | | |
| DODE | 101 1 | First Name | Middle Name | Last Name | в | | | |
| Debt | | | | | | | | |
| (Spou | se if, filing) | First Name | Middle Name | Last Name | Э | | | |
| Unite | ed States Ban | kruptcy Court for the: WE | STERN DISTRICT OF MI | SSOURI | | | | |
| Case | e number | | | | | | | |
| (if kno | | | | | | | ☐ Check | if this is an |
| | | | | | | | amend | ed filing |
| √ tt: | oial Farm | 106E/E | | | | | | |
| | cial Form | | Hava Haaaavaa | l Cla! | _ | | | 40/45 |
| | | F: Creditors Who accurate as possible. Use Par | | | | | | 12/15 |
| eft. A | ttach the Cont | rs Who Have Claims Secured inuation Page to this page. If y ber (if known). | | | | | | |
| Part | 1: List All | of Your PRIORITY Unsecu | red Claims | | | | | |
| _ | _ ′ | s have priority unsecured clai | ms against you? | | | | | |
| | ☐ No. Go to Pa | ırt 2. | | | | | | |
| ı | Yes. | | | | | | | |
| io p | dentify what type possible, list the | priority unsecured claims. If a e of claim it is. If a claim has bott claims in alphabetical order acc nan one creditor holds a particula | n priority and nonpriority amou ording to the creditor's name. I | ints, list that o If you have m | claim here ar | nd show both priority a | nd nonpriority amount | s. As much as |
| (| For an explanat | tion of each type of claim, see the | e instructions for this form in the | ne instruction | booklet.) | | | |
| , | · | , | | | , | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Missouri | i Department of Revenu | e Last 4 digits of acco | unt number | | \$5,081.00 | \$5,081.00 | \$0.00 |
| | • | ditor's Name | | | 0004 04 | | | |
| | PO Box | me Tax Correspondenc 385 | e When was the debt i | ncurrea? | 2021, 20 | J23 | - | |
| | | n City, MO 65105-0385 | | | | | | |
| | | eet City State Zip Code | As of the date you fil | le, the claim | is: Check a | ll that apply | | |
| | _ | the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 or | nly | ☐ Unliquidated | | | | | |
| | Debtor 2 or | nly | ☐ Disputed | | | | | |
| | Debtor 1 ar | nd Debtor 2 only | Type of PRIORITY ur | nsecured cla | ıim: | | | |
| | ☐ At least one | e of the debtors and another | ☐ Domestic support | obligations | | | | |
| | ☐ Check if th | is claim is for a community de | ebt Taxes and certain | other debts y | ou owe the | government | | |
| | Is the claim su | ubject to offset? | ☐ Claims for death o | | | | | |
| | ■ No | | ☐ Other. Specify | | | | | |
| | ☐ Yes | | | ncome tax | | | | |

| Debte | or 1 Adam Thomas Umstead | | Case number (if | known) | | | | | |
|--------|--|--|------------------------|---------------|------------|------------|--|--|--|
| 2.2 | Missouri Department of Revenue | Last 4 digits of account number | \$ | 7,000.00 | \$7,000.00 | \$0.00 | | | |
| | Priority Creditor's Name PO Box 475 | When was the debt incurred? | 2023 | | | | | | |
| | Jefferson City, MO 65105 | When was the debt meaned. | 2023 | | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that app | ly | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | | | | |
| | Debtor 2 only | ☐ Disputed | | | | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured clai | m: | | | | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts yo | ou owe the governme | nt | | | | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury while you were intoxicated | | | | | | | |
| | ■ No | Other. Specify | | | | | | | |
| | ☐ Yes | | n Grand Design | s camper | | | | | |
| | | | | | | | | | |
| Part : | 2: List All of Your NONPRIORITY Unsecu | red Claims | | | | | | | |
| 3. D | o any creditors have nonpriority unsecured claim | ns against you? | | | | | | | |
| | No. You have nothing to report in this part. Submit | this form to the court with your other so | chedules. | | | | | | |
| _ | _ | | | | | | | | |
| • | Yes. | | | | | | | | |
| | ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each c | | | | | | | | |
| th | an one creditor holds a particular claim, list the other | | | | | | | | |
| Р | art 2. | | | | Total ala | | | | |
| | | | | | Total cla | | | | |
| 4.1 | Affirm, Inc. | Last 4 digits of account number | er AWIF | _ | | \$1,356.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy | When was the debt incurred? | Opened 03/2 | 23 | | | | | |
| | 650 California St, FI 12 | | Opened con | | | | | | |
| | San Francisco, CA 94108 | _ | | | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | m is: Check all that a | pply | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | \square At least one of the debtors and another | | | | | | | | |
| | Check if this claim is for a community | Student loans | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a se report as priority claims | ou did not | | | | | | |
| | | Debts to pension or profit-sha | ring plane, and other | eimilar dobte | | | | | |
| | ■ No | · | 01 | annual debis | | | | | |
| | ☐ Yes | ■ Other. Specify Unsecure | ea | | | | | | |

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| Debtor | 1 Adam Thomas Umstead | | | |
|--------|--|--|--|-------------|
| 4.2 | Bank Of Benton/CFSB Nonpriority Creditor's Name | Last 4 digits of account number | 1361 | \$30,253.00 |
| | 221 West 5th Street Attn: Collections Dept Benton, KY 42025 | When was the debt incurred? | Opened 09/22 Last Active 05/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Repossess camper | ion deficiency on Grand Designs | |
| 4.3 | Brionna Cline Nonpriority Creditor's Name | Last 4 digits of account number | | \$6,800.00 |
| | 1306 Pawnee St Leavenworth, KS 66048 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | | stitution owed to nmental entity | |
| 4.4 | Central Bank Nonpriority Creditor's Name | Last 4 digits of account number | | \$4,200.00 |
| | 609 N 291 Highway Lees Summit, MO 64086 | When was the debt incurred? | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | | |
| | ls the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ∏ ves | Other Coif: | | |

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| Debto | or 1 Adam Thomas Umstead | | Case number (if known) | |
|-------|---|---|--|-------------|
| 4.5 | Central Trust Bank | Last 4 digits of account number | 4387 | \$682.00 |
| | Nonpriority Creditor's Name Po Box 779 Jefferson City, MO 65102 | When was the debt incurred? | Opened 03/16 Last Active 1/13/25 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.6 | Chase Auto Finance Nonpriority Creditor's Name | Last 4 digits of account number | 2802 | \$18,132.00 |
| | Attn: Bankruptcy | | Opened 07/21 Last Active | |
| | 700 Kansas Lane La Monroe, LA 71203 | When was the debt incurred? | 2/05/24 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alata. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Automobile | <u> </u> | |
| 4.7 | Clifford & Rhonda O'Geay Nonpriority Creditor's Name | Last 4 digits of account number | | \$8,500.00 |
| | 1008 NE Deerbrood Terr Lees Summit, MO 64086 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other Specify | | |
| | | | | |

| וסומפת | 1 Adam Thomas Umstead | | Case number (if known) | |
|---|--|--|---|---------------------------|
| 4.8 | Freedom Road Financial | Last 4 digits of account number | 9216 | \$5,981.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 10509 Professional Circle, Suite 100 Reno, NV 89521 |) When was the debt incurred? | Opened 07/22 Last Active 4/07/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sep | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | □Yes | Other. Specify Recreation | al | |
| 4.9 | Wells Fargo Home Mortgage | Last 4 digits of account number | 1098 | \$61,287.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept | | Opened 02/21 Last Active | , |
| | Po Box 10335 Des Moines, IA 50306 | When was the debt incurred? | 01/25 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Former res 2022 divor | sidence awarded to ex-wife in ce | |
| Part 3: | List Others to Be Notified About a De | bt That You Already Listed | | |
| 5. Use th is tryi have i notifie | nis page only if you have others to be notified a ng to collect from you for a debt you owe to so more than one creditor for any of the debts tha ed for any debts in Parts 1 or 2, do not fill out o | about your bankruptcy, for a debt that omeone else, list the original creditor in tyou listed in Parts 1 or 2, list the add or submit this page. | n Parts 1 or 2, then list the collection agency itional creditors here. If you do not have add | , here. Similarly, if you |
| | nd Address Of Benton/CFSB | On which entry in Part 1 or Part 2 did you Line 4.2 of (<i>Check one</i>): | allist the original creditor? IPart 1: Creditors with Priority Unsecured Clai | me |
| PO Bo | | | Part 2: Creditors with Nonpriority Unsecured | |
| | Collections Dept | _ | - Fait 2. Creditors with Nonpholity Onsecured | Ciairis |
| Bento | n, KY 42025 | Last 4 digits of account number | | |
| Name a | nd Address | On which entry in Part 1 or Part 2 did you | ı list the original creditor? | |
| | alized Court Payment Center | Line 4.3 of (Check one): | Part 1: Creditors with Priority Unsecured Clai | ms |
| | ox 750200 a, KS 66675-0200 | | Part 2: Creditors with Nonpriority Unsecured | Claims |
| Toper | ia, NS 00073-0200 | Last 4 digits of account number | | |
| Name a | nd Address | On which entry in Part 1 or Part 2 did you | ı list the original creditor? | |
| | nworth Co District Court | | Part 1: Creditors with Priority Unsecured Clai | ms |
| | 3rd St, #3051 | | Part 2: Creditors with Nonpriority Unsecured | Claims |
| | munauth I/C CCO40 | | | |
| | nworth, KS 66048 | Last 4 digits of account number | , | |

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Debtor 1 Adam Thomas Umstead

Case number (if known)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|-------|---|---------|----|-------------|
| Total claims | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 12,081.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 12,081.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim |
| Total claims | · · · | | | Ψ | 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 137,191.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 137,191.00 |

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| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 | Adam Thomas Ui | mstead | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT (| OF MISSOURI | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Todd Pennington 22721 E. 28th Street Ct. Blue Springs, MO 64015 Residential lease contract to be assumed.

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| | | Documer | it Page 32 or | 02 | |
|---------------------------------------|---|--|--|--|--------------------------------------|
| Fill in thi | s information to identify your | case: | | | |
| Debtor 1 | Adam Thomas U | mstead | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | WESTERN DISTRICT O | F MISSOURI | | |
| Case nun | nber | | | | ☐ Check if this is an amended filing |
| | al Form 106H dule H: Your Cod | ebtors | | | 12/15 |
| people ar fill it out, your nam | s are people or entities who a e filing together, both are equ and number the entries in the e and case number (if known) you have any codebtors? (If | ally responsible for supple boxes on the left. Attach answer every question. | lying correct informatio the Additional Page to | n. If more space is needed this page. On the top of a | d, copy the Additional Page, |
| □ No | | | | | |
| ■ Ye | es . | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | es and territories include |
| ■ No | o. Go to line 3. | | | | |
| □Ye | es. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| in lin Form | olumn 1, list all of your codebt e 2 again as a codebtor only i n 106D), Schedule E/F (Official Column 2. | f that person is a guarant | or or cosigner. Make su | ire you have listed the cre | editor on Schedule D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The creditor Check all schedules that | to whom you owe the debt tapply: |
| 3.1 | Christine Deis 1461 NW Foxboro Rd. Blue Springs, MO 64015 | | | ☐ Schedule D, line ■ Schedule E/F, line ☐ Schedule G Wells Fargo Home M | 4.9 |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| | | | | | | - | | | | |
|-------------|--|----------------------------|---|------------|------|----------------|-----------------------|--------------------------|----------------------------------|----------|
| | in this information to identify your control Adam Thom | | | | | | | | | |
| | otor 2 | | | | | | | | | |
| Uni | ited States Bankruptcy Court for the | : WESTERN DISTRICT | Γ OF MISSOURI | | | | | | | |
| | se number nown) | | - | | | □ Ai | | ed filing ent showin | g postpetition ollowing date: | |
| 0 | fficial Form 106I | | | | | \overline{M} | M / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. T1: Describe Employment Fill in your employment | r spouse is not filing wi | ith you, do not inclu | ıde infor | mati | on about | your spo imber (if | ouse. If mo known). A | ore space is | needed, |
| | information. | | | | | | | | iing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | | ☐ Emplo | • | | |
| | employers. | Occupation | Tow Truck Driv | er | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Mike & Son Tov | wing LL | С | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 605 SE Central Blue Springs, M | | 4 | | | | | |
| | | How long employed t | here? Since | July 202 | 24 | | _ | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to r | eport for | any | line, write | \$0 in the | space. Inc | clude your no | n-filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | on for all | empl | oyers for t | that perso | n on the li | nes below. If | you need |
| | | | | | | For Deb | otor 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 7, | 067.92 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lir | ne 2 + line 3. | | 4. | \$ | 7,06 | 57.92 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1 | Adam Thomas Umstead | - | Case r | number (<i>if know</i> | n) | | | |
|-----|-----------------|---|------------|--------|---|------------|----------------------|--------------------|---------------------------------------|
| | | | | For | Debtor 1 | | For Debtor | 2 or | |
| | | | | FOI | Deptor 1 | | non-filing s | | |
| | Copy | y line 4 here | 4. | \$ | 7,067.9 | 2 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,660.5 | 0 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.0 | _ | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.0 | 0 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.0 | 0 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.0 | 0 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.0 | | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.0 | | \$ | N/A | |
| _ | 5h. | Other deductions. Specify: | 5h | . — | 0.0 | _ | \$ | N/A | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,660.5 | | \$ | N/A | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 5,407.4 | 2 | \$ | N/A | |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.0 | | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.0 | 0 | \$ | N/A | |
| | 8c. 8d. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation | 8c. 8d. | \$ | 0.0 | _ | \$ | N/A N/A | |
| | 8e. | Social Security | 8e. | \$_ | 0.0 | _ | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.0 | <u>0</u> | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.0 | 0 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h | + \$_ | 0.0 | <u>0</u> + | \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.0 | 0 | \$ | N/A | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | | 5,407.42 + | \$ | N/A | = \$ | 5,407.42 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | Ľ | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 0,101112 |
| 11. | Inclue other | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. In include any amounts already included in lines 2-10 or amounts that are not cify: | deper | | • | | I in <i>Schedule</i> | e <i>J.</i> +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | \$ | 5,407.42 |
| | | | | | | | | Combin | ned y income |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | , |
| | | Yes. Explain: The debtor's income increased dramatically whe to continue to increase over time | n he | starte | d his new j | ob ir | ı August a | nd he e | xpects it |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informat | tion to identify yo | our case: | | | | | |
|--------|---------------------------------|--------------------------------------|-------------------------|--|---------------------------|------------------|----------------------|---|
| Deb | tor 1 | Adam Thoma | as Umste | ead | | Ched | ck if this is: | |
| | | | | | | _ | An amended filing | |
| | tor 2 buse, if filing) | | | | | | 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ed States Bankri | uptcy Court for the | WESTE | ERN DISTRICT OF MISSO | DURI | - | MM / DD / YYYY | |
| Cas | e number | | | | | | | |
| (lf kı | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| Sc | chedule | J: Your l | Exper | ises | | | | 12/15 |
| Be a | as complete a | and accurate as | possible. eded, atta | If two married people a ch another sheet to this | | | | |
| Par | | ibe Your House | hold | | | | | |
| 1. | Is this a join | | | | | | | |
| | ■ No. Go to | | in a senar | ate household? | | | | |
| | □ res. Doe . | | ii a sepai | ate flousefloid : | | | | |
| | | | st file Offici | al Form 106J-2, Expenses | s for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list De Debtor 2. | • | ☐ Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents i | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | □Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | - | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses of | enses include f people other the | han $_{f 	au}$ | No Yes | | | | |
| | yourself and | d your depende | nts? — | 100 | | | | |
| Par | | ate Your Ongoi | | y Expenses uptcy filing date unless y | vou are using this f | orm oc o cu | unnlament in a Cha | untar 12 ages to report |
| exp | enses as of a plicable date. | date after the b | pankruptc | y is filed. If this is a sup | plemental <i>Schedule</i> | J, check th | ne box at the top of | f the form and fill in the |
| Incl | ude expenses | s paid for with r | non-cash | government assistance | if you know | | | |
| | value of such ficial Form 10 | | d have inc | cluded it on Schedule I: | Your Income | | Your expe | enses |
| (| | ···, | | | | | | |
| 4. | | r home owners ad any rent for the | | ses for your residence. r lot. | Include first mortgage | e 4. \$ | S | 900.00 |
| | If not includ | ed in line 4: | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. \$ | S | 0.00 |
| | | rty, homeowner's | | | | 4b. \$ | | 16.00 |
| | | maintenance, re owner's associat | | ipkeep expenses | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | | | | oominium dues our residence, such as ho | ome equity loans | 4a. \$ 5. \$ | | 0.00 0.00 |

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| ebtor 1 A | dam Thomas Umstead | Case num | ber (if known) | |
|---------------|---|--------------|----------------|----------------------------|
| Utilities | : | | | |
| 6a. E | lectricity, heat, natural gas | 6a. | \$ | 350.00 |
| 6b. W | ater, sewer, garbage collection | 6b. | \$ | 150.00 |
| 6c. T | elephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 80.00 |
| 6d. O | ther. Specify: Streaming services | 6d. | \$ | 20.00 |
| С | ell phones | | \$ | 177.00 |
| Food ar | nd housekeeping supplies | 7. | \$ | 580.00 |
| Childca | re and children's education costs | 8. | \$ | 0.00 |
| Clothin | g, laundry, and dry cleaning | 9. | \$ | 100.00 |
| Person | al care products and services | 10. | \$ | 50.00 |
| | and dental expenses | 11. | \$ | 20.00 |
| | ortation. Include gas, maintenance, bus or train fare. | 10 | ¢ | 260.00 |
| | nclude car payments. | 12. 13. | · | |
| | inment, clubs, recreation, newspapers, magazines, and books ble contributions and religious donations | 13. 14. | · <u> </u> | 100.00 |
| | • | 14. | Φ | 0.00 |
| . Insuran | nclude insurance deducted from your pay or included in lines 4 or 20. | | | |
| | fe insurance | 15a. | \$ | 0.00 |
| | ealth insurance | 15b. | · | 500.00 |
| 15c. V | ehicle insurance | 15c. | | 144.00 |
| 15d. O | ther insurance. Specify: | 15d. | \$ | 0.00 |
| . Taxes. | Do not include taxes deducted from your pay or included in lines 4 or 20. | | · - | |
| | Personal property tax | 16. | \$ | 70.00 |
| | ent or lease payments: | | | |
| | ar payments for Vehicle 1 | 17a. | \$ | 707.00 |
| | ar payments for Vehicle 2 | 17b. | · - | 0.00 |
| | ther. Specify: gym membership | 17c. | · | 31.00 |
| | ther. Specify: | 17d. | \$ | 0.00 |
| | nyments of alimony, maintenance, and support that you did not report as | 18. | ¢ | 0.00 |
| | ed from your pay on line 5, Schedule I, Your Income (Official Form 106I). ayments you make to support others who do not live with you. | 10. | \$ \$ | 0.00 |
| Specify: | | 19. | Φ | 0.00 |
| | eal property expenses not included in lines 4 or 5 of this form or on Sche | | our Income | |
| | ortgages on other property | 20a. | | 0.00 |
| | eal estate taxes | 20b. | | 0.00 |
| | roperty, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | aintenance, repair, and upkeep expenses | 20d. | · - | 0.00 |
| | omeowner's association or condominium dues | 20e. | | 0.00 |
| . Other: S | Procify: Mice (postage gifts etc) | | +\$ | 100.00 |
| | keeping supplies | | +\$ | 50.00 |
| - | | | ΙΨ | 30.00 |
| | te your monthly expenses | | | |
| | d lines 4 through 21. | | \$ | 4,405.00 |
| 22b. Co | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Ad | d line 22a and 22b. The result is your monthly expenses. | | \$ | 4,405.00 |
| Calcula | te your monthly net income. | | | |
| | opy line 12 <i>(your combined monthly income)</i> from Schedule I. | 23a. | \$ | 5 407 42 |
| | opy your monthly expenses from line 22c above. | 23a. 23b. | | 5,407.42 4,405.00 |
| 200. C | opy your monthly expenses nonline 220 above. | ۷۵۵. | Ψ | 4,400.00 |
| 23c. S | ubtract your monthly expenses from your monthly income. | | | |
| | the result is your <i>monthly net income</i> . | 23c. | \$ | 1,002.42 |
| For exam | expect an increase or decrease in your expenses within the year after you ple, do you expect to finish paying for your car loan within the year or do you expect your | | | ase or decrease because of |
| | ion to the terms of your mortgage? | | | |
| ■ No. | | | | |
| — 110. | | | | |

| Fill in this inform | mation to identify your | case: | | | |
|--------------------------------------|---|---------------------------|-----------------------------|-----------------------|---|
| Debtor 1 | Adam Thomas Ur | nstead | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT C | OF MISSOURI | | |
| Case number _ (if known) | | | | | ☐ Check if this is an amended filing |
| Official Forr | | n Individual | Debtor's Sch | hedules | 12/15 |
| If two married pe | eople are filing together | . both are equally respon | nsible for supplying corre | ect information. | |
| obtaining money years, or both. 1 | | n connection with a bank | | | ment, concealing property, or), or imprisonment for up to 20 |
| Sigi | ii below | | | | |
| Did you pa | y or agree to pay some | one who is NOT an attor | ney to help you fill out ba | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the sum | mary and schedules filed | with this declaration | n and |
| X /s/ Ada | am Thomas Umstead | | Х | | |
| Adam | Thomas Umstead re of Debtor 1 | | Signature of D | Debtor 2 | |
| Date I | February 20. 2025 | | Date | | |

| Debtor 1 | Adam Thomas U | mstead | | |
|--|---|---|--|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 Spouse if, filing) | First Name | Middle Name | Last Name | |
| Inited States I | Bankruptcy Court for the: | WESTERN DISTRICT OF MIS | SOURI | |
| Case number f known) | | | | ☐ Check if this is an amended filing |
| tatemer as complete | e and accurate as possib | ole. If two married people are fil attach a separate sheet to this t | Is Filing for Bankruptcy ing together, both are equally responsi form. On the top of any additional page | |
| <u> </u> | , | rital Status and Where You Live | d Before | |
| What is yo | our current marital status | s? | | |
| | | | | |
| _ | | •• | | |
| ☐ Marri | | • | | |
| ☐ Marri | ed narried | | o you live now? | |
| ☐ Marri ■ Not m | ed narried | ived anywhere other than wher | e you live now? | |
| ☐ Marring Not m | ed narried e last 3 years, have you l | | | |
| ☐ Marring Not m | ed narried e last 3 years, have you I List all of the places you liv | ived anywhere other than wher | | Dates Debtor 2 lived there |
| ☐ Marring Not m During the ☐ No ☐ Yes. Debtor 1: | ed narried e last 3 years, have you I List all of the places you liv | ived anywhere other than wher ved in the last 3 years. Do not inc Dates Debtor 1 | ude where you live now. | |
| ☐ Marring the Not m During the Yes. Debtor 1: 1461 NV Blue Sp | ed narried e last 3 years, have you I List all of the places you liv V Foxboro Rd rings, MO 64015 | ived anywhere other than where ved in the last 3 years. Do not inc Dates Debtor 1 lived there From-To: September 2011 | ude where you live now. Debtor 2 Prior Address: | lived there ☐ Same as Debtor |

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Case number (if known)

| 4. | Fill in the | total amount of | of income yo | nployment or from operating use received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
|----|---|---|--|--|--|---|---|
| | □ No ■ Yes. | Fill in the deta | ails. | | | | |
| | | | | Debtor 1 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | y 1 of current filed for bank | | ■ Wages, commissions, bonuses, tips | \$12,271.75 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | r last caler anuary 1 to | ndar year: December 3 | 1, 2024) | ■ Wages, commissions, bonuses, tips | \$32,034.55 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | | | ■ Wages, commissions, bonuses, tips | \$1,756.88 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year befo December 3 | | ■ Wages, commissions, bonuses, tips | \$49,779.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| 5. | Include in and other winnings. List each | come regardle public benefit If you are filin | ess of wheth payments; g a joint cas e gross inco | | amples of other income are a lest; dividends; money collect you received together, list it o | | |
| | | | | | (before deductions and exclusions) | | and exclusions) |
| Pa | rt 3: Lis | t Certain Pay | ments You | Made Before You Filed for I | Bankruptcy | | |
| 6. | Are eithe ☐ No. | Neither Deb | otor 1 nor D | s debts primarily consumer bebtor 2 has primarily consu personal, family, or househol | imer debts. Consumer debts | s are defined in 11 U.S.C. § 10 | 1(8) as "incurred by an |
| | | | - | re you filed for bankruptcy, di | d you pay any creditor a total | of \$7,575* or more? | |
| | | □ Yes | paid that cre | each creditor to whom you paid editor. Do not include paymen | its for domestic support oblig | n one or more payments and t ations, such as child support a | |
| | | | | payments to an attorney for the condition of the conditions to an art on 4/01/25 and every 3 years | | or after the date of adjustment | i. |

Debtor 1 Adam Thomas Umstead

Page 40 of 62 Document Debtor 1 Adam Thomas Umstead Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Was this payment for ... **Dates of payment Total amount** Amount you paid still owe **Central Trust Bank** Various, 1 \$2,980.00 \$682.00 ■ Mortgage Po Box 779 payment of \$2,000 ☐ Car Jefferson City, MO 65102 and regular ■ Credit Card monthly payments ☐ Loan Repayment of approximately ☐ Suppliers or vendors \$300.00 ☐ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ☐ No Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe Clifford & Rhonda O'Geay **Approximate** \$600.00 \$8,500.00 1008 NE Deerbrood Terr amount of various Lees Summit, MO 64086 payments in the last few months Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. No ☐ Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number

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| | | Document | 1 age 41 01 02 |
|----------|---------------------|----------|------------------------|
| Debtor 1 | Adam Thomas Umstead | | Case number (if known) |
| | | | |

| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. | | | | | | | | | | | |
|-----|--|--|--------------------------|-----------------------|--|--|--|--|--|--|--|--|
| | □ No. Go to line 11.■ Yes. Fill in the information below. | | | | | | | | | | | |
| | Creditor Name and Address | Describe the Property | Date | Value of the property | | | | | | | | |
| | | Explain what happened | | property | | | | | | | | |
| | Freedom Road Financial Attn: Bankruptcy | KTM dirt bike. | June 2024 | Unknown | | | | | | | | |
| | 10509 Professional Circle, Suite | ■ Property was repossessed. | | | | | | | | | | |
| | 100 | ☐ Property was foreclosed. | | | | | | | | | | |
| | Reno, NV 89521 | ☐ Property was garnished. | | | | | | | | | | |
| | | ☐ Property was attached, seized or levied. | | | | | | | | | | |
| | Bank Of Benton/CFSB 221 West 5th Street | Grand Designs Recreational Camper | June 2024 | Unknown | | | | | | | | |
| | Attn: Collections Dept | ■ Property was repossessed. | | | | | | | | | | |
| | Benton, KY 42025 | ☐ Property was foreclosed. | | | | | | | | | | |
| | | ☐ Property was garnished. | | | | | | | | | | |
| | | ☐ Property was attached, seized or levied. | | | | | | | | | | |
| | Chase Auto Finance Attn: Bankruptcy | 2018 Ford F150 | November 2024 | Unknown | | | | | | | | |
| | 700 Kansas Lane La | ■ Property was repossessed. | | | | | | | | | | |
| | Monroe, LA 71203 | ☐ Property was foreclosed. | | | | | | | | | | |
| | | ☐ Property was garnished. | | | | | | | | | | |
| | | ☐ Property was attached, seized or levied. | | | | | | | | | | |
| 11. | accounts or refuse to make a payment bec No Yes. Fill in the details. | | | | | | | | | | | |
| | Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount | | | | | | | | |
| | Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 | Approximate total of funds offset from 2024 income tax refunds Last 4 digits of account number: | February 2025 | \$3,500.00 | | | | | | | | |
| 12. | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a | cy, was any of your property in the possession of an nother official? | assignee for the bene | fit of creditors, a | | | | | | | | |
| | ☐ Yes | | | | | | | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No | tcy, did you give any gifts with a total value of more t | han \$600 per person? | • | | | | | | | | |
| | Yes. Fill in the details for each gift. | | | | | | | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value | | | | | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | | | | |
| | | | | | | | | | | | | |

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Debtor 1 Adam Thomas Umstead Case number (if known)

| De | ebtor 1 Adam Thomas Umstead | | Case number | (if known) | |
|-----|---|-----------|---|-----------------------------------|------------------------------|
| 14. | Within 2 years before you filed for ban ■ No □ Yes. Fill in the details for each gift o | | did you give any gifts or contributions with a totation. | al value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP C | total | Describe what you contributed | Dates you contributed | Value |
| Pa | Irt 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bank or gambling? | ruptcy o | r since you filed for bankruptcy, did you lose any | thing because of the | ft, fire, other disaster |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Po | rt 7: List Certain Payments or Transf | | inter claims on the 33 of Schedule A.B. Property. | | |
| | □ No ■ Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if No Jeppson Law Office, L.L.C. 5716 N Broadway St | n prepare | ing a bankruptcy petition? irs, or credit counseling agencies for services require Description and value of any property transferred See disclosure on Form 2030 | Date payment or transfer was made | Amount of payment \$3,025.00 |
| | United States Bankruptcy Court Western District of Missouri 400 East 9th St Kansas City, MO 64106 | | Funds received by the Jeppson Law Office to pay the Court filing fee | | \$338.00 |
| | CIN Legal Data Services 4540 Honeywell Ct Dayton, OH 45424 | | Funds received by the Jeppson Law Office to pay 3rd party vendor for credit counseling, credit reports, and debtor education | | \$111.00 |
| 17. | Within 1 year before you filed for bank promised to help you deal with your c Do not include any payment or transfer the | editors | lid you or anyone else acting on your behalf pay or to make payments to your creditors? sted on line 16. | or transfer any prope | erty to anyone who |
| | No | | | | |
| | ☐ Yes. Fill in the details. Person Who Was Paid | | Description and value of any property | Date payment | Amount of |

transferred

payment

or transfer was

made

Address

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Debtor 1 Adam Thomas Umstead

Case number (if known)

| 18. Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already list. No | | | | ness or financial affa as security (such as t | airs? the granting of a | | | | | |
|--|--|--|-------|--|----------------------------|---------------|---|----------|---|--|
| | | Yes. Fill in the details. | | | | | | | | |
| | | rson Who Received Transfer dress | | Description and very property transfer | | paym | ibe any property or ents received or debts n exchange | | ate transfer was nade | |
| | Per | rson's relationship to you | | | | · | J | | | |
| 19. | | hin 10 years before you filed for bankru eficiary? (These are often called asset-parts) | | | y property to a | a self-settle | d trust or similar device | of v | which you are a | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | Na | me of trust | | Description and v | alue of the pro | operty trans | sferred | | ate Transfer was | |
| | | - | | | | | | П | nade | |
| Par | t 8: | List of Certain Financial Accounts, In | nstru | ments, Safe Deposi | Boxes, and S | torage Unit | is | | | |
| 20. | | hin 1 year before you filed for bankrupt | cy, w | ere any financial ac | counts or inst | ruments he | eld in your name, or for y | our/ | benefit, closed, | |
| | Incl | d, moved, or transferred? ude checking, savings, money market, ises, pension funds, cooperatives, asso | | | | | t; shares in banks, cred | it ur | nions, brokerage | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | | | | ast 4 digits of Type of account count number instrument | | ount or | nt or Date account was closed, sold, moved, or transferred | | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | | Do you still have it? | | | |
| 22. | Hav | e you stored property in a storage unit | or pl | lace other than your | home within | 1 year befoi | re you filed for bankrupt | cy? | | |
| | _ | No | | | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | | | |
| | Na | | | Who also has or had access | | | the contents | | Do you still | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Describe the content of it? | | | | | the contents | | have it? | | |
| Par | t 9: | Identify Property You Hold or Control | l for | Someone Else | | | | | | |
| 23. | | you hold or control any property that so | omec | one else owns? Incl | ude any prope | rty you bor | rowed from, are storing | for, | or hold in trust | |
| | for s | someone. | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | rner's Name dress (Number, Street, City, State and ZIP Code) | | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value | |
| Par | t 10: | Give Details About Environmental In | form | , | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Adam Thomas Umstead

Case number (if known)

| | regulations controlling the cleanup of these | e substances, wastes, or material. | | | | | | | | | |
|-----|--|--|--|-------------------|--|--|--|--|--|--|--|
| _ | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | | | |
| Rep | ort all notices, releases, and proceedings the | at you know about, regardless of when | they occurred. | | | | | | | | |
| 24. | Has any governmental unit notified you that | t you may be liable or potentially liable | under or in violation of an environm | ental law? | | | | | | | |
| | ■ No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | | |
| 25. | Have you notified any governmental unit of | any release of hazardous material? | | | | | | | | | |
| | ■ No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | | |
| 26. | Have you been a party in any judicial or adn | , | onmental law? Include settlements | and orders. | | | | | | | |
| | _ | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Case Title Court or agency Name Address (Number, Street, City, State and ZIP Code) Nature of the case | | | | | | | | | | |
| Pai | Give Details About Your Business or | Connections to Any Business | | | | | | | | | |
| 27. | Within 4 years before you filed for bankrupt | cy, did you own a business or have any | of the following connections to an | y business? | | | | | | | |
| | ☐ A sole proprietor or self-employed in | n a trade, profession, or other activity, e | either full-time or part-time | | | | | | | | |
| | ☐ A member of a limited liability comp | any (LLC) or limited liability partnership | o (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | | | |
| | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | | | | | | |
| | ■ No. None of the above applies. Go to F | Part 12. | | | | | | | | | |
| | Yes. Check all that apply above and fill | in the details below for each business. | | | | | | | | | |
| | Business Name | Describe the nature of the business | Employer Identification number | | | | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security Dates business existed | number or ITIN. | | | | | | | |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement to | o anyone about your business? Incl | ude all financial | | | | | | | |
| | ■ No | | | | | | | | | | |
| | Yes. Fill in the details below. | | | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | | | | | |
| | | | | | | | | | | | |

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are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Adam Thomas Umstead
Adam Thomas Umstead
Signature of Debtor 1

Date February 20, 2025
Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this information to identify your case: | | | | | | | |
|---|--|--|--|--|--|--|--|
| Debtor 1 | Adam Thomas Umstead | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | |
| United States B | Sankruptcy Court for the: Western District of Missouri | | | | | | |
| Case number (if known) | | | | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | | | | |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | | | |
| | ■ 4. The commitment period is 5 years. | | | | | | | | | |
| | ☐ Check if this is an amended filing | | | | | | | | | |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part | 1: Calculate Your Average Monthly Income | | | | | | | |
|----------|--|---------------------------------|------------------------|--------------------------------------|---------------------|---------------------|--|--------------------------------|
| 1. | What is your marital and filing status? Check one of | nly. | | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | ☐ Married. Fill out both Columns A and B, lines 2-11 | | | | | | | |
| 10 th | Il in the average monthly income that you received from al 11(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the tota ouses own the same rental property, put the income from that | month peri al by 6. Fill | iod would in the re | be March 1 throusult. Do not include | igh Aug le any i | just 31. If the amo | ount of your monthly incomore than once. For examp | e varied during le, if both |
| | | | | | Colun | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and coi | mmissio | ons (before all | \$ | 7,255.19 | \$ | |
| 3. | Alimony and maintenance payments. Do not includ Column B is filled in. | e paymer | nts from | a spouse if | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spot you listed on line 3. | t. Include ld, your d | e regulai lepende | contributions nts, parents, | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | Debtor | 1 | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from a business, profession, or fa | rm \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| 6. | Net income from rental and other real property | Debtor | 1 | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |

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Case number (if known)

| | | | | | Colu Debt | mn A t or 1 | | Column B Debtor 2 | or | |
|-------------|---|--|--|--|--------------|-----------------------|----------|-------------------|-------------|-------------------------------------|
| 7. | Intere | est, dividends, and royalties | | | \$ | 0 | .00 | \$ | | |
| 8. | Unem | ployment compensation | | | \$ | 0 | .00 | \$ | | |
| | | ot enter the amount if you contend ocial Security Act. Instead, list it he | that the amount received was a be ere: | nefit unde | r | | | | | |
| | | r you | \$ | 0.00 | | | | | | |
| | For | your spouse | \$ | | | | | | | |
| 9. | benefinot in United disability pay produces | it under the Social Security Act. A clude any compensation, pension d States Government in connectio ility, or death of a member of the υ aid under chapter 61 of title 10, th | t include any amount received that lso, except as stated in the next ser, pay, annuity, or allowance paid by n with a disability, combat-related in informed services. If you received a en include that pay only to the exterpay to which you would otherwise bother than chapter 61 of that title. | ntence, do the njury or any retired nt that it | | 0 | .00 | \$ | | |
| 10. | Do no receiv dome United disabi | of include any benefits received un yed as a victim of a war crime, a co stic terrorism; or compensation, por d States Government in connectio | sted above. Specify the source and der the Social Security Act; payme rime against humanity, or internatio ension, pay, annuity, or allowance on with a disability, combat-related in informed services. If necessary, lise total below. | nts nal or paid by the njury or |) | | | | | |
| | | | | | \$ | 0 | .00 | \$ | | |
| | | | | | \$ | 0 | .00 | \$ | | |
| | | Total amounts from separate p | pages, if any. | + | \$ | 0 | .00 | \$ | | |
| 11. Part | each | ulate your total average monthly column. Then add the total for Col Determine How to Measure Yo | | r \$ | 7,255 | 5.19 + | \$ | | | 7,255.19 otal average onthly income |
| 12. 13. | Copy | your total average monthly incollate the marital adjustment. Che | ome from line 11. | | | | | | \$ | 7,255.19 |
| | _ | You are not married. Fill in 0 below | | | | | | | | |
| | | You are married and your spouse | is filing with you. Fill in 0 below. | | | | | | | |
| | | You are married and your spouse | | | | | | | | |
| | (| dependents, such as payment of the | ted in line 11, Column B, that was Ne spouse's tax liability or the spous | se's suppo | ort of so | meone oth | ner thai | n you or yo | ur depend | lents. |
| | á | adjustments on a separate page. | ling this income and the amount of | income de | evoted t | o each pui | pose. | If necessar | y, list add | itional |
| | I | f this adjustment does not apply, e | enter 0 below. | ¢ | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | Total | | \$ | | 0.00 | Сор | y here=> | | 0.00 |
| | | r current monthly income. Subt | | | | | | | \$ | 7,255.19 |
| 15. | | • | ome for the year. Follow these ste | | | | | | \$ | 7,255.19 |

Debtor 1 Adam Thomas Umstead

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| Debtor 1 | A | dam Thomas Umstead | | Case number (if known) | | |
|----------------|---|--|-------------------------------|--|-------------------|-----------------|
| | | Multiply line 15a by 12 (the number of months in | a year). | | X | 12 |
| 1 | 15b. The result is your current monthly income for the year for this part of the form | | | | \$ | 87,062.28 |
| 16. C a | alcul | ate the median family income that applies to y | ou. Follow these steps: | | | |
| 16 | a. Fi | Il in the state in which you live. | МО | | | |
| 16 | b. F | Il in the number of people in your household. | 1 | | | |
| 16 | | Il in the median family income for your state and | | | \$ | 61,375.00 |
| | | o find a list of applicable median income amounts structions for this form. This list may also be avai | | | | |
| 17. H c | ow d | o the lines compare? | | | | |
| 17 | a. | ☐ Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | | etermined under |
| 17 | b. | Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a | lation of Your Disposable | | | |
| Part 3: | | Calculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4) | | | |
| 18. C c | ру | your total average monthly income from line 1 | 1 | | \$ | 7,255.19 |
| co sp | nten ouse | t the marital adjustment if it applies. If you are d that calculating the commitment period under 1 s'is income, copy the amount from line 13. the marital adjustment does not apply, fill in 0 on | 1 U.S.C. § 1325(b)(4) allow | | - \$ | 0.00 |
| | | | | | | |
| 19 | b. S | ubtract line 19a from line 18. | | | \$ | 7,255.19 |
| 20. C a | alcul | ate your current monthly income for the year. | Follow these steps: | | | |
| 20 | a. C | opy line 19b | | | \$ | 7,255.19 |
| | M | ultiply by 12 (the number of months in a year). | | | X | 12 |
| 20 | b. T | he result is your current monthly income for the y | ear for this part of the form | | \$ | 87,062.28 |
| 20 | c. C | opy the median family income for your state and | size of household from line | 16c | \$ | 61,375.00 |
| 21 | . н | ow do the lines compare? | | | L | |
| | | Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4. | se ordered by the court, on | the top of page 1 of this form, check | box 3, <i>The</i> | e commitment |
| | | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | less otherwise ordered by t | he court, on the top of page 1 of this | form, che | ck box 4, The |
| Part 4: | | Sign Below | | | | |
| Ву | sign | ning here, under penalty of perjury I declare that t | he information on this state | ment and in any attachments is true | and correc | ct. |
| X / | s/ A | dam Thomas Umstead | | | | |
| | | m Thomas Umstead tture of Debtor 1 | | | | |
| Da | | February 20, 2025 | | | | |
| If v | | MM / DD / YYYY checked 17a, do NOT fill out or file Form 122C-2. | | | | |
| | | shecked 17h, fill out Form 122C-2 and file it with t | his form. On line 30 of that | form, convivour current monthly inco | ome from li | ne 14 above |

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Debtor 1 Adam Thomas Umstead Case number (if known)

| Fill in | this information to | identify your case: | | | | | |
|----------|--|--|---|--|---------------------|----------------------|----------|
| Debtor | r 1 Adam Th | omas Umstead | | | | | |
| Debtor | r 2 | | | | | | |
| | se, if filing) | | | | | | |
| United | States Bankruptcy (| ourt for the: Western | District of Missouri | | | | |
| Case r | number wn) | | | | ☐ Check if th | is is an amended | l filing |
| Official | I Form 122C-2 | | | | | | |
| | | culation of Ye | our Disposal | ole Income | | | 04/22 |
| | out this form, you w itment Period (Offic | | d copy of <i>Chapter 13</i> . | Statement of Your Curre | ent Monthly Inco | me and Calculatio | on of |
| space i | is needed, attach a | | form, Include the line | ng together, both are e number to which addition | | | |
| Part 1 | Calculate You | Deductions from You | r Income | | | | |
| the | questions in lines 6 | | andards, go online usi | dards for certain expensing the link specified in | | | |
| exp | enses if they are high | er than the standards. D | Oo not include any opera | ual expense. In later part ating expenses that you s spouse's income in line 1 | subtracted from inc | come in lines 5 and | |
| If yo | our expenses differ fr | om month to month, ente | er the average expense | | | | |
| Note | e: Line numbers 1-4 | are not used in this form. | . These numbers apply | to information required by | y a similar form us | sed in chapter 7 cas | ses. |
| 5. | The number of pe | ple used in determinir | ng your deductions fro | om income | | | |
| | plus the number of | | | n your federal income tax This number may be diffe | | 1 | |
| Nati | ional Standards | You must use the | IRS National Standards | s to answer the questions | in lines 6-7. | | |
| 6. | | d other items: Using the dollar amount for food, | | entered in line 5 and the as. | : IRS National | \$ | 808.00 |
| 7. | the dollar amount for people who are 65 | r out-of-pocket health ca | are. The number of peo people have a higher IR | e you entered in line 5 ar ple is split into two catego S allowance for health ca t on line 22. | oriespeople who | are under 65 and | |

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Adam Thomas Umstead Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 7c. Subtotal. Multiply line 7a by line 7b. 83.00 Copy here=> \$ 83.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 83.00 Copy total here=> 83.00 Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 621.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,022.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-Сору Repeat this amount 0.00 0.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 1,022.00 1,022.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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Adam Thomas Umstead Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 239.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 2023 Subaru WRX Limited VIN: JF1VBAL63P9811664 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment -NONE-Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 \$ Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 => 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Adam Thomas Umstead Case number (if known)

| | | addition to the expense de e following IRS categories | | d above, | you are allowed your monthly expenses | s for | |
|----------------|--|---|--|--|--|-------------|----------|
| 16. | self-employment taxes, social | security taxes, and Medica rever, if you expect to receing the total monthly amount | are taxes. You ve a tax refund | may incl d, you mu | I local taxes, such as income taxes, ude the monthly amount withheld from ust divide the expected refund by 12 for taxes. | \$ | 1,730.50 |
| 17. | Involuntary deductions: The contributions, union dues, and | | ıctions that you | ur job req | uires, such as retirement | | |
| | Do not include amounts that a | are not required by your job | , such as volur | ntary 401 | (k) contributions or payroll savings. | \$_ | 0.00 |
| 18. | filing together, include paymer | nts that you make for your ife insurance on your depe | spouse's term | life insur | insurance. If two married people are ance. spouse's life insurance, or for any form | \$ | 0.00 |
| 19. | Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35 | | | | | | 0.00 |
| 20 | Education: The total monthly | | | • • | · · | \$_ | |
| 20. | as a condition for your job, | | addation that is | o citilor i | oquirou. | | |
| | | | child if no publ | lic educa | tion is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly | amount that you pay for ch | ildcare, such a | as babysi | tting, daycare, nursery, and preschool. | | |
| | Do not include payments for a | any elementary or seconda | ry school educa | ation. | | \$ | 0.00 |
| 22. | that is required for the health a by a health savings account. I | and welfare of you or your nclude only the amount the | dependents an at is more than | nd that is the total | | Φ. | 0.00 |
| | Payments for health insurance | · · | | • | | \$_ | 0.00 |
| 23. | 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | | | |
| | | | | | | +\$ | 0.00 |
| 24. | | orted on line 5 of Official Fo | orm 122C-1, or | any amo | | + \$ | 4,503.50 |
| | expenses, such as those repo | orted on line 5 of Official Fo | orm 122C-1, or use allowance: eductions allow | any amo | e Means Test. | | |
| Add | Add all of the expenses allo Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. | wed under the IRS exper These are additional de Note: Do not include ar insurance, and health sa | orm 122C-1, or nse allowance: eductions allow ny expense allo vings account | es. wed by the owances at expense. | e Means Test. | \$ | |
| Add | Add all of the expenses allo Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance | wed under the IRS exper These are additional de Note: Do not include ar insurance, and health sa | eductions allow ny expense allow vings account unts that are re | es. wed by the owances at expense. | e Means Test. listed in lines 6-24. ses. The monthly expenses for health | \$ | |
| Add | Add all of the expenses allo Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. | wed under the IRS exper These are additional de Note: Do not include ar insurance, and health sa | eductions allowance account ants that are re | es. wed by the owances at expense easonably | e Means Test. listed in lines 6-24. ses. The monthly expenses for health | \$ | |
| Add | Add all of the expenses allo Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance | wed under the IRS exper These are additional de Note: Do not include ar insurance, and health sa e, and health savings accord | eductions allowance eductions allowance eductions allowance evings account unts that are re | es. wed by the ownces of expense easonably | e Means Test. listed in lines 6-24. ses. The monthly expenses for health | \$ | |
| Add | Add all of the expenses allo Add lines 6 through 23. Iitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance | wed under the IRS exper These are additional de Note: Do not include ar insurance, and health sa e, and health savings accord | eductions allowance eductions eductions allowance eductions allowance eductions eductions allowance eductions educti | ved by the owner of the control of t | e Means Test. listed in lines 6-24. ses. The monthly expenses for health | \$ | |
| Add | Add all of the expenses allo Add lines 6 through 23. Iitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account | wed under the IRS exper These are additional de Note: Do not include ar insurance, and health sa e, and health savings accord | eductions allowance eductions eductions allowance eductions allowance eductions eductions allowance eductions educti | es. ved by the owners of expension and the expe | e Means Test. listed in lines 6-24. ses. The monthly expenses for health y necessary for yourself, your spouse, o | \$ \$ | 4,503.50 |
| Add | Add all of the expenses allo Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total | wed under the IRS exper These are additional de Note: Do not include ar insurance, and health sa e, and health savings accord | eductions allowance eductions eductions allowance eductions allowance eductions eductions allowance eductions educti | es. ved by the owners of expension and the expe | e Means Test. listed in lines 6-24. ses. The monthly expenses for health y necessary for yourself, your spouse, o | \$ \$ | 4,503.50 |
| Add 25. | Add all of the expenses allo Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this tot. No. How much do you Yes Continuing contributions to continue to pay for the reason | wed under the IRS exper These are additional de Note: Do not include ar insurance, and health sa e, and health savings according to the care of household on the land necessary care a your immediate family who | eductions allowance: eductions | ved by the ownces of expension and own amount of the ownces of the expension and own | ce Means Test. listed in lines 6-24. ses. The monthly expenses for health y necessary for yourself, your spouse, or necessary for yourself, your spouse, or actual monthly expenses that you will y, chronically ill, or disabled member of ich expenses. These expenses may | \$s | 4,503.50 |
| 25. 26. | Add all of the expenses allo Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you yes Continuing contributions to continue to pay for the reason your household or member of include contributions to an acc | These are additional de Note: Do not include ar insurance, and health sate, and health savings according to the care of household of lable and necessary care at your immediate family who count of a qualified ABLE polence. The reasonably necessary care at your immediate family who count of a qualified ABLE polence. The reasonably necessary care at your immediate family who count of a qualified ABLE polence. The reasonably necessary care at your immediate family who count of a qualified ABLE polence. | eductions allowance: \$ 500 \$ 0 \$ 50 \$ cossary month | ved by the bowances at expense easonably 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0. | ce Means Test. listed in lines 6-24. Ses. The monthly expenses for health y necessary for yourself, your spouse, of the compact of the compa | \$s | 4,503.50 |
| 25. 26. | Add all of the expenses allo Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you yes Continuing contributions to continue to pay for the reason your household or member of include contributions to an acc | These are additional de Note: Do not include ar insurance, and health sa e, and health savings according actually spend? The care of household of the care of household of the care and necessary care a your immediate family who count of a qualified ABLE polence. The reasonably neunder the Family Violence | serial 122C-1, or inse allowance: eductions allowing expense allowings account unts that are respectively. So the serial inserial | ved by the ownces of expensions and the expensions of expe | count you previously deducted. e Means Test. listed in lines 6-24. ses. The monthly expenses for health y necessary for yourself, your spouse, of the county of the coun | \$s | 4,503.50 |

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| ebtor 1 | Adam Thomas Umstead | Case number (if known) | | | | |
|---------------------------------|---|--|---|---------------------------|---------------------------------|--------|
| | Additional home energy costs. Your hom ine 8. | e energy costs are included in your insurance and operating | expenses | on | | |
| | f you believe that you have home energy c 3, then fill in the excess amount of home en | osts that are more than the home energy costs included in energy costs | xpenses o | n line | | |
| | You must give your case trustee documenta amount claimed is reasonable and necessa | ation of your actual expenses, and you must show that the adary. | dditional | | \$ | 0.00 |
| , | Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school. | Iren who are younger than 18. The monthly expenses (not pendent children who are younger than 18 years old to atten | more thar nd a private | n e or | | |
| | You must give your case trustee documenta claimed is reasonable and necessary and n | ation of your actual expenses, and you must explain why the not already accounted for in lines 6-23. | amount | | | |
| , | Subject to adjustment on 4/01/25, and ever | ery 3 years after that for cases begun on or after the date of a | adjustmen | t. | \$ | 0.00 |
| - 1 | | he monthly amount by which your actual food and clothing ex allowances in the IRS National Standards. That amount car s in the IRS National Standards. | | | | |
| | | ional allowance, go online using the link specified in the sepa so be available at the bankruptcy clerk's office. | arate | | | |
| , | You must show that the additional amount o | claimed is reasonable and necessary. | | | \$ | 0.00 |
| | Continuing charitable contributions. The nstruments to a religious or charitable orga | amount that you will continue to contribute in the form of cashinization. 11 U.S.C. § 548(d)(3) and (4). | sh or finan | ncial | | |
| I | Do not include any amount more than 15% | of your gross monthly income. | | | \$ | 0.00 |
| | Add all of the additional expense deduct Add lines 25 through 31. | ions. | | | \$ | 500.00 |
| | | | | | | |
| Dedu | ctions for Debt Payment | | | | | |
| 33. F | • | in property that you own, including home mortgages, ve 33a through 33e. | hicle | | | |
| 33. F (| or debts that are secured by an interest ans, and other secured debt, fill in lines | 33a through 33e. ent, add all amounts that are contractually due to each secur | | | | |
| 33. F (| or debts that are secured by an interest lans, and other secured debt, fill in lines to calculate the total average monthly paym | 33a through 33e. ent, add all amounts that are contractually due to each secur | | | Average payment | - |
| 33. F (| or debts that are secured by an interest cans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home | 33a through 33e. ent, add all amounts that are contractually due to each secur | red | | _ | - |
| 33. F (lc C) | or debts that are secured by an interest cans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home | 33a through 33e. ent, add all amounts that are contractually due to each secun nkruptcy. Then divide by 60. | red | | payment | |
| 33. F (lc C) | or debts that are secured by an interest pans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles | 33a through 33e. ent, add all amounts that are contractually due to each secur nkruptcy. Then divide by 60. | red | | payment | |
| 33. Fo | or debts that are secured by an interest lans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | 33a through 33e. ent, add all amounts that are contractually due to each secur nkruptcy. Then divide by 60. | red | => | payment | 0.00 |
| 33. For ice 33a. 33a. 33b. 33c. | or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here | 33a through 33e. ent, add all amounts that are contractually due to each secur nkruptcy. Then divide by 60. | red | => | payment | 0.00 |
| 33. Fe lo Trong 1 | or debts that are secured by an interest lans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | and all amounts that are contractually due to each secur nkruptcy. Then divide by 60. Identify property that secures the debt Do inc | red | => => => nt | payment | 0.00 |
| 33. Fe lo Trong 1 | or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | and all amounts that are contractually due to each secur nkruptcy. Then divide by 60. Identify property that secures the debt Do inc | nes payme clude taxes insurance | => => => nt | payment | 0.00 |
| 33. Fe lo Trong 1 | or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | as a through 33e. ent, add all amounts that are contractually due to each secur inkruptcy. Then divide by 60. Identify property that secures the debt Do inc or | nes payme clude taxes insurance | => => => nt s | payment \$ \$ \$ \$ | 0.00 |
| 33. Fe lo Trong 1 | or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | as a through 33e. ent, add all amounts that are contractually due to each secur inkruptcy. Then divide by 60. Identify property that secures the debt Do inc or inc | nes payme clude taxes insurance No Yes | => => => nt s | payment | 0.00 |
| 33. Fe lo Trong 1 | or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | as a through 33e. ent, add all amounts that are contractually due to each secur inkruptcy. Then divide by 60. Identify property that secures the debt Do inc or i | nes payme clude taxes insurance No Yes No | => => => nt s | payment \$ \$ \$ \$ | 0.00 |
| 33. Fe lo Trong 1 | or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | as a through 33e. ent, add all amounts that are contractually due to each secur inkruptcy. Then divide by 60. Identify property that secures the debt Do inc or inc | nes payme clude taxes insurance No Yes No | => => nt s | payment \$ \$ \$ \$ | 0.00 |
| 33. Fe lo Trong 1 | or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | as a through 33e. ent, add all amounts that are contractually due to each secur inkruptcy. Then divide by 60. Identify property that secures the debt Do inc or i | nes payme clude taxes insurance No Yes No | => => nt s | payment \$\$ \$ | 0.00 |
| 33. Fe lo Trong 1 | or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | as a through 33e. ent, add all amounts that are contractually due to each secur inkruptcy. Then divide by 60. Identify property that secures the debt Do inc or i | nes payme clude taxes insurance No Yes No Yes | => => nt s? | payment \$\$ \$ | 0.00 |
| 33. Fe lo Trong 1 | or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | as a through 33e. ent, add all amounts that are contractually due to each secur inkruptcy. Then divide by 60. Identify property that secures the debt Do inc or | nees payme clude taxes insurance No Yes No Yes No Yes | => => nt s? | payment \$ | 0.00 |

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| ebtor 1 | Adam Thomas Umstead | | | Case | e number (if known) | | |
|-----------------|---|--|--|--------------------------|---------------------|----------------------|-------------|
| | re any debts that you listed i r other property necessary fo | | • | • | , | | |
| | No. Go to line 35. | | | | | | |
| | | you must pay to a creditor, in p possession of your propert fill in the information below. | | | | | |
| Name | e of the creditor | Identify property that s | ecures the deb | t | Total cure amount | | onthly cure |
| -NO | NE- | | | \$ | | ÷ 60 = \$ | |
| | | | | | | Сору | |
| | | | | Total | \$ | 0 total here=> | \$ |
| | o you owe any priority claims e past due as of the filing da | | | | at | | |
| | No. Go to line 36. | | | | | | |
| | Yes. Fill in the total amount ongoing priority claims | of all of these priority claims, such as those you listed in | | le current or | | | |
| | Total amount of all pa | ast-due priority claims | | | \$ 12,081.0 | 0 ÷ 60 | \$201.35 |
| 36. Pr | rojected monthly Chapter 13 | plan payment | | | \$1,525.0 | 0_ | |
| Of the To | urrent multiplier for your districtiffice of the United States Courte Executive Office for United States is a list of district multipliers that sparate instructions for this form. The | s (for districts in Alabama an tates Trustees (for all other of includes your district, go online of | d North Caroli districts). using the link sp | na) or by ecified in the | ×7.20 | | |
| A۱ | verage monthly administrative | expense | | | \$109.80 | Copy total here=> \$ | |
| 37. A | Add all of the deductions for | debt payment. Add lines 33 | e through 36. | | | | \$311.15_ |
| Total | Deductions from Income | | | | | | |
| 38. A | dd all of the allowed deducti | ons. | | | | | |
| | Copy line 24, All of the expense expense allowances | es allowed under IRS | \$ | 4,503.50 | _ | | |
| C | Copy line 32, All of the addition | al expense deductions | \$ | 500.00 | _ | | |
| C | Copy line 37, All of the deduction | ons for debt payment | +\$ | 311.15 | | | |
| Т | Fotal deductions | | \$ | 5,314.65 | Copy total here: | => \$ | 5,314.65 |

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| ebtor 1 Ac | dam Thomas | s Umstead | | Cas | se num | ber (if known) | | |
|---|--|---|---|---|----------------------------|---|--------------------|----------|
| art 2: [| Determine You | ur Disposable Income Under 11 U.S | S.C. § 1325(b) |)(2) | | | | |
| 39. Copy y | your total cur | rent monthly income from line 14 c Current Monthly Income and Calcu | of Form 122C lation of Con | -1, Chapter 13 nmitment Period. | | | \$ | 7,255.19 |
| childre disabili receive | en. The month ity payments f ed in accordar | oly necessary income you receive fally average of any child support paymor a dependent child, reported in Partice with applicable nonbankruptcy lawended for such child. | ents, foster ca I of Form 122 | are payments, or 2C-1, that you | \$ | O | 0.00 | |
| employ in 11 U | Indeessary to be experied for such critici. In Fill in all qualified retirement deductions. The monthly total of all amounts the employer withheld from wages as contributions for qualified retirement plans, a in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement specified in 11 U.S.C. § 362(b)(19). | | | | \$ | 0 | 0.00 | |
| 42. Total c | of all deduction | ons allowed under 11 U.S.C. § 707(b | o)(2)(A). Copy | / line 38 here = | > \$ | 5,314 | .65 | |
| expens their ex | ses and you hax xpenses. You | ial circumstances. If special circums ave no reasonable alternative, describ must give your case trustee a detailed locumentation for the expenses. | oe the special | circumstances an | ıd | | | |
| Describe t | the special ci | rcumstances | | Amount of expe | ense | | | |
| Ca | ar payment t | o parents | | \$ 70 | 7.00 | _ | | |
| | | | ; | \$ | | | | |
| | | | : | \$ | | _ | | |
| | | | Total \$_ | 707.00 | | py re=> \$ | 707.00 | |
| 44. Total a | adjustments. | Add lines 40 through 43. | | => [| \$ | 6,021.65 | Copy here=> -\$ | 6,021.65 |
| | , | nthly disposable income under § 13 | 25(b)(2). Sub | tract line 44 from I | ine 3 | 9. | \$ | 1,233.54 |
| 46. Chang have c time yo you file | ge in income of the changed or are bur case will be be dyour petition | or expenses. If the income in Form 1 evirtually certain to change after the de open, fill in the information below. Fin, check 122C-1 in the first column, ein when the increase occurred, and fi | ate you filed y or example, it nter line 2 in t | your bankruptcy per the wages reported he second column | etitior ed ind , exp | and during the creased after | | |
| Form | Line | Reason for change | | Date of change | • | Increase or decrease? | Amount o | f change |
| ■ 122C-1 □ 122C-2 □ 122C-1 □ 122C-2 □ 122C-1 | 2 | no longer working at Minsky | 's | July 2024 | | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase | \$ \$ | 187.27 |
| ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 | | | | | | ☐ Decrease ☐ Increase ☐ Decrease | \$ | |

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| Debtor 1 | Adam Thomas Umstead | Case number (if known) |
|----------|---|---|
| | | |
| | | |
| Part 4: | Sign Below | |
| Е | by signing here, under penalty of perjury you declare that the informat | ion on this statement and in any attachments is true and correct. |
| - | /s/ Adam Thomas Umstead Adam Thomas Umstead Signature of Debtor 1 | |
| | February 20, 2025 MM / DD / YYYY | |

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Adam Thomas Umstead Debtor 1 Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2024 to 01/31/2025.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Aardvark Foods, Inc d/b/a Minsky's Pizza

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$633.28** from check dated 7/22/2024 Ending Year-to-Date Income: \$1,756.88 from check dated 8/05/2024 .

This Year:

Current Year-to-Date Income: \$0.00 from check dated 1/31/2025 .

Income for six-month period (Current+(Ending-Starting)): \$1,123.60.

Average Monthly Income: \$187.27.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Mike and Son Towing LLC

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$0.00** from check dated **7/31/2024**

Ending Year-to-Date Income: \$32,034.55 from check dated 12/24/2024.

This Year:

Current Year-to-Date Income: \$10,372.99 from check dated 1/31/2025 .

Income for six-month period (Current+(Ending-Starting)): \$42,407.54 .

Average Monthly Income: \$7,067.92.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.